

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for Class C Non-Emergency from
Darrius Steadman DSS Transportation, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Darrius Steadman

Telephone: 843-496-4269

Address: 787 Marsh Wren Trail

Fax: _____

Blythewood, SC 29016

Other: _____

Email: ~~dsstrans@yahoo.com~~

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

RECEIVED

FEB 03 2021

PSCSC
Clerks Office

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 12/09/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. DSS Transportation, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

787 Marsh Wren Trail; Blythewood, SC 29016

Street Address of Applicant

131 Rice Terrace Drive; Columbia, SC 29229

Mailing Address of Applicant (if different from street address)

843-496-4269

Phone

Fax

dsstransp@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Value of Real Estate	0
Value of Motor Vehicles	5,900
Cash on Hand	500
Cash in Bank	4,500
Value of Other Assets and Equipment	0
Total Assets	10,900 ✓

Liabilities:

Mortgage/Loan on Real Estate	0
Loans Owed on Motor Vehicles	0
Business/Other Loans Owed	0
Other Liabilities or Debts	0
Total Liabilities	0

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

Base One- Way (Plus Mileage) \$90

Base Round-Trip (Plus Mileage) \$180

Per Mile \$30

Wait Time (Increments of 15 minutes blocks) \$10

Each Additional Attendant \$20

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
N/A				

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Darrius Steadman

Name of Applicant

131 Rice Terrace Drive; Columbia, SC 29229

Address of Applicant

Amount of Premium:

Liability Insurance \$ 24,700.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

AdvisorNet Property and Casualty

Name of Insurance Company

414 E. Walnut Street, Suite 141; Green Bay, WI 54301

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

To: 8038965199

From: (8036958318)

Pickett, Shiquita

From: DSS Transportation LLC <dsstransp@yahoo.com>
Sent: Tuesday, December 15, 2020 4:08 PM
To: Pickett, Shiquita
Subject: [EXTERNAL] Fwd: AdvisorNet completed quote

Sent from my iPhone

Begin forwarded message:

From: Josh Mihm <JMihm@advisornetpc.com>
Date: December 14, 2020 at 1:58:52 PM EST
To: dsstransp@yahoo.com
Subject: AdvisorNet completed quote

Hello Darrius,

As I mentioned on the phone, as of now this is the only company I have that will offer a quote for a new venture in SC. Other companies will require 2 years of documented related experience.

Below is the quote that Berkshire Hathaway offered.

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	22,034
7	UM - BIPD	75,000 CSL	824
7	UIM - BIPD	75,000 CSL	1,224
7	Medical Payments	N/A	N/A
7	Physical Damage	See Specific Unit	2,522
	Total Ins Value	10,000	
Total			\$26,604.00

Revision: 25C2020R02

To: 8038965199

From: (8036958318)

02/03/21 11:13 AM

Page 3 of 3

UnitLiability UM UIM Med PayPhys Dam Cargo/ All/LessorIn-TowUnit

1 2014 DODGE GRAND
CARAVAN (05349)
Comp/Coll: \$10,000
Radius: Up to 50 Miles

22,034 824 1,224 N/A

2,522

N/A

N/A

Unit
Sub Total
26,604

Deductible: 1,000/1,000



Berkshire Hathaway
HOMESTATE COMPANIES

PO Box 31145 • Omaha, NE 68131
bhhc.com

Direct Bill
Payment Plan Options

Date: 12/14/2020

Billing Services:

1-877-650-2442

7:00 AM-7:00 PM Central Time, Mon-Fri

billing@bhhc.com

Applicant Name: DSS Transportation LLC

Quote Number: 11227938

Indicated Premium: \$ 26,604.00 (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
Down Payment					
Due at Binding	\$5,321.00	\$5,321.00	\$7,210.00	\$13,835.00	\$26,604.00
Installments *					
Month 1	\$2,128.12	\$4,256.44			
Month 2	\$2,128.32		\$6,464.46		
Month 3	\$2,128.32	\$4,256.64			
Month 4	\$2,128.32				
Month 5	\$2,128.32	\$4,256.64	\$6,464.77	\$12,769.00	
Month 6	\$2,128.32				
Month 7	\$2,128.32	\$4,256.64			
Month 8	\$2,128.32		\$6,464.77		
Month 9	\$2,128.32	\$4,256.64			
Month 10	\$2,128.32				

* Indicates number of months after policy effective date.

Josh Mihm

Commercial Insurance Agent

AdvisorNet Property & Casualty

An Affiliate of Robertson Ryan & Associates

414 East Walnut Street

Suite 260

Green Bay, WI 54301

D: 612-436-3769 | F: 612-313-7501

Toll Free: 866-896-0281

jmihm@advisornetpc.com

WEBSITE | LINKEDIN | FACEBOOK | TWITTER



ROBERTSON RYAN
& ASSOCIATES

Exhibit Fit, Willing, and Able (FWA)

Darrius Steadman

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.
- ☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.
- ☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.
- ☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.
- ☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.
- ☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.
- ☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Dennis J. Shunk

Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

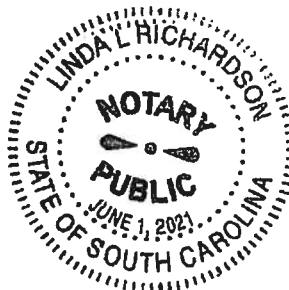
STATE OF SOUTH CAROLINA)

COUNTY OF Richland)

SWORN TO BEFORE ME
This 29th day of December, 2020

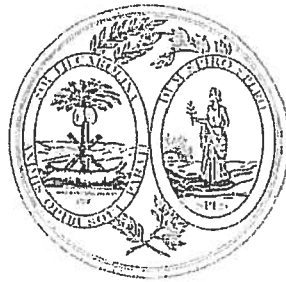
Linda L. Richardson
Notary Public

Commission Expires 1 June 2021



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

D.S.S. TRANSPORTATION, LLC, a limited liability company duly organized under the laws of the State of South Carolina on April 30th, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 9th day
of December, 2020.


Mark Hammond, Secretary of State

To: 8038965199

From: (8036958318)

02/03/21 09:18 AM

Page 12 of 13

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jan 22 2021

REFERENCE ID: 692042

Mark Hammon
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

D.S.S. D+S^{DS} Transportation, LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

312 Sterling Cove Rd

Street Address

Columbia

City

29229

Zip Code

3. The initial agent for service of process is

Darrius S. Steadman

Name

Darrius S. Steadman

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

312 Sterling Cove Rd

Street Address

Columbia

City

29229

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Darrius S. Steadman

Name

312 Sterling Cove Rd

Street Address

Columbia

City

SC

State

29229

Zip Code

(b)

Name

Street Address

City

State

Zip Code

150430-0130

D.S.S. TRANSPORTATION, LLC

FILED: 04/30/2015

Filing Fee: \$110.00 ORIG

Mark Hammon

South Carolina Secretary of State

To: 8038965199

From: (8036958318)

02/03/21 09:18 AM

Page 13 of 13

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jan 22 2021

REFERENCE ID: 692042

Name of Limited Liability Company

D&S TRANSPORTATION, LLC

Mark H. ...
SECRETARY OF STATE

[] Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. [] Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Name _____

Street Address _____

City _____

State _____

Zip Code _____

(b)

Name _____

Street Address _____

City _____

State _____

Zip Code _____

7. [] Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Dani S. ...
Signature of Organizer

Date

4-30-15

Signature of Organizer _____

Date _____

To: 8038965199

From: (8036958318)

02/03/21 09:15 AM

Page 1 of 13

DSS Transportation, LLC***787 Marsh Wren Trail******Blythewood, SC 29016******843-496-4269******dsstransp@yahoo.com***

Fax To: Public Service Commission

Clark's Office

Fax: 803-896-5199

Date: 01/20/2021